



Grievance Report 2011

California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division



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California Managed Risk Medical Insurance Board

Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

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TABLE OF CONTENTS

Introduction and Background	1
Overall Grievance Trends: 2008-2011	1
Figure 1 - HFP Overall Grievance Rates: 2008-2011	1
Plans Grievances by Type: 2008-2011	2
Figure 2 – HFP Overall Grievances by Type: 2008-2011	2
Grievances by Category	3
Table 1 – Percentage of Grievances by Category for 2011 HFP Plans.....	3
Health Plans	3
Table 2 – Grievances Reported by Health Plans	4
Dental and Vision Plans.....	5
Table 3 – Grievances Reported by Dental and Vision Plans	5
Demographic Analysis.....	6
Table 4 – Grievances Filed by HFP Subscribers by Demographic.....	6
Conclusion	7

Introduction and Background

California statute¹ requires the health, dental and vision plans participating in the Healthy Families Program (HFP) to annually report the number of grievances HFP subscribers filed in the previous calendar year. MRMIB monitors subscriber plan grievances and complaints received by program staff for quality assurance and to assist in improving services. This report covers grievances reported for the 2011 calendar year.

The Managed Risk Medical Insurance Board (MRMIB) adopted the Department of Managed Health Care (DMHC) definition of a grievance as a “written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns”². A grievance includes a complaint, dispute, and request for reconsideration or an appeal for services that are modified, delayed or denied.

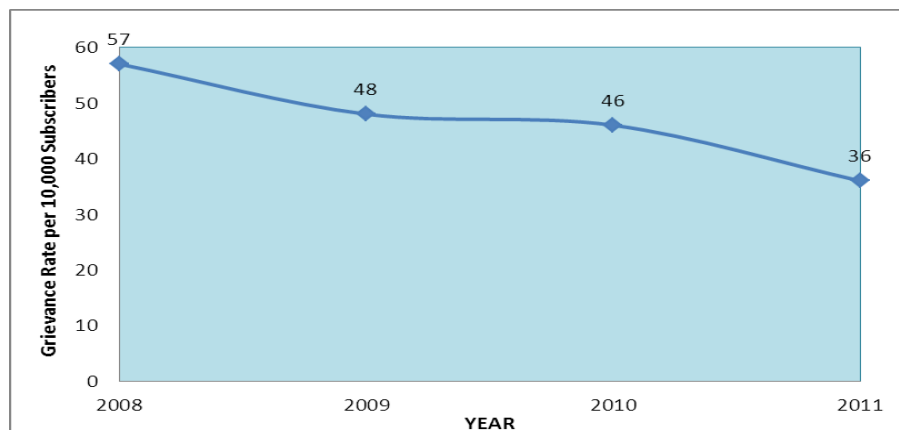
MRMIB requires all HFP health, dental and vision plans to report grievances by subscribers annually. MRMIB calculates a rate of grievances per 10,000 HFP subscribers for each health, dental and vision plan. Using this calculation provides a fair comparison of grievance rates across plans with large differences in enrollment. Health plans reported 75 percent of overall grievances compared to 14 percent by dental plans and 11 percent by vision plans.

Altogether, 30 health, dental, and vision plans reported 3,536 grievances in 2011 from nearly 900,000 subscribers. This report compares plans, type of grievance, and demographics as well as provides four year trends. Plans have demonstrated efforts of improvement in addressing the needs and concerns of its subscribers and as a result, overall grievance rates continue to decline.

Overall Grievance Trends: 2008 – 2011

The overall rate in grievances reported by all types of plans combined declined from 57 per 10,000 subscribers in 2008 to 36 per 10,000 subscribers in 2011. The trend over four years for the overall grievance filed by HFP subscribers is illustrated in Figure 1. The following chart represents all health, dental, and vision plans grievance data.

Figure 1 – HFP Overall Grievance Rates: 2008-2011



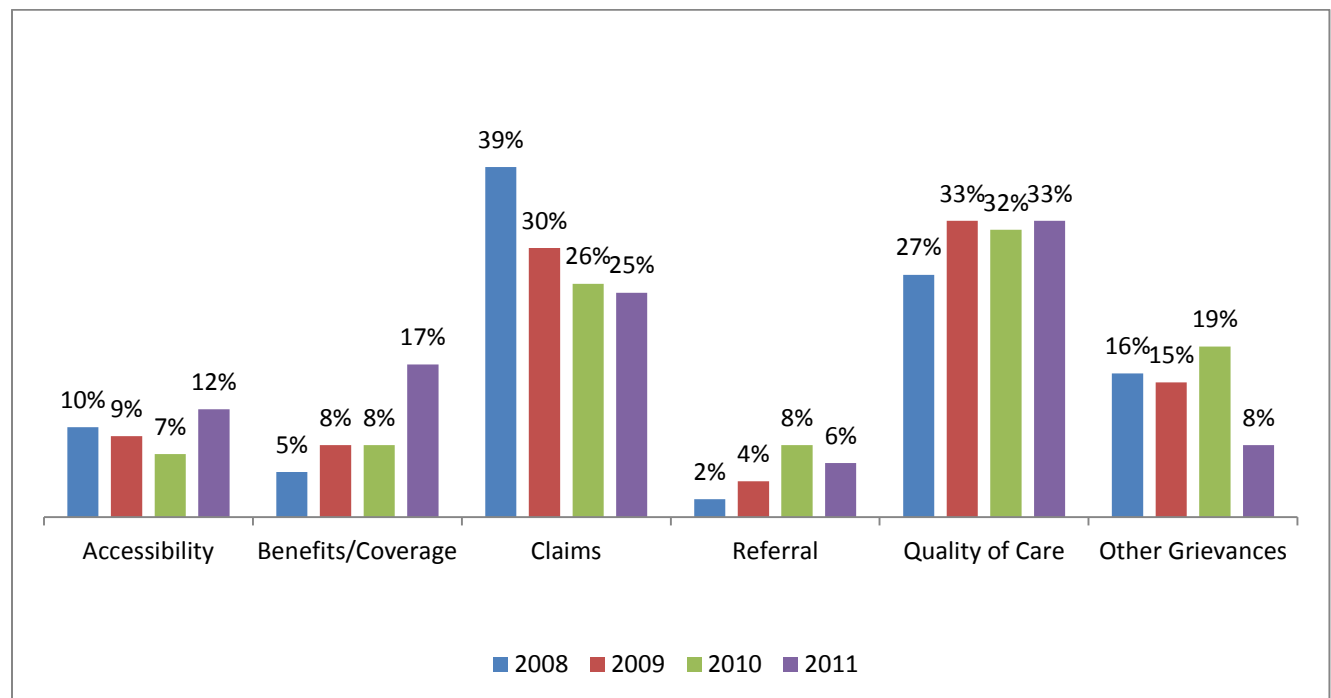
¹ Insurance Code Section 12693.49

² California Code of Regulations Title 28 Section 1300.68

Plans Grievances by Type: 2008 – 2011

Figure 2 provides the relative breakdown of grievances filed each year by major category. For all plans combined, Quality of Care and Claims represent the leading categories of grievances reported over the last four years. Grievances in the Benefits category slightly increased from 2.7 to 6.9 per 10,000 subscribers this year due to additional grievances filed with a vision plan and now account for 17 percent of total grievances this year. However, Claims related grievances are showing a steady decline since 2008. Quality of Care grievances have remained consistent and show slight change over the four year period. Other grievances include administrative, staffing, billing and service issues.

Figure 2 – HFP Overall Grievances by Type: 2008-2011



Grievances by Category

Quality of Care (35%) and Claims (32%) represent the highest percentage of health plan grievances. Though the grievances reported by dental and vision plans are small in number, the majority of those are related to Benefit/Coverage (43% and 49%, respectively) as shown in Table 1.

Table 1 – Percentage of Grievances by Category for 2011 HFP Plans

Grievance Categories	Health	Dental	Vision
Accessibility	15%	6%	1%
Benefits/Coverage	8%	43%	49%
Claims	32%	6%	0%
Referral	7%	1%	0%
Quality of Care	35%	26%	24%
Other Grievances*	3%	18%	26%
Total Percentage	100%	100%	100%
*The term "Other" is defined as - Administrative, staffing, billing, and service issues.			

Health Plans

Table 2 on the next page summarizes and compares 2011 data with 2010 grievance data reported by each health plan. The reduced rate of grievances per 10,000 members in 2011 is due largely to Anthem Blue Cross who reported about 30 percent fewer grievances compared to 2010 for both their HMO and EPO products. Moreover, Care1st Health reported no grievances in 2011 compared to 86 in 2010. Similarly, LA Care reported 30 percent fewer grievances in 2011 compared to the previous year. Health Net and Santa Clara Family Health plan also reported fewer grievances in 2011 compared to 2010.

Kaiser Foundation has slightly higher grievance rates than the overall average. This may be partly attributed to the Kaiser unique model of delivery and its ability to record and capture data for both the health plan and its providers. Therefore, a little change in their grievance rate was observed in 2011 compared to 2010.

The health plan data is presented in descending order for the 2011 grievance rate per 10,000 subscribers.

Table 2 – Grievances Reported by Health Plans

Health Plan	Average Monthly Enrollment in 2011	Grievances Reported in 2011	Grievances Reported in 2010	Grievance Rate per 10,000 Subscribers	
				2011	2010
Community Health Plan	13,657	108	108	79	73
Anthem Blue Cross EPO	73,873	409	582	55	73
L.A. Care	11,125	51	73	46	75
Blue Shield EPO and HMO	35,439	161	111	45	28
Kaiser Foundation Health Plan	183,839	829	814	45	47
Anthem Blue Cross HMO	122,014	484	840	40	70
Ventura County Health Care Plan	11,037	32	13	29	11
Health Plan of San Joaquin	24,863	67	41	27	16
Inland Empire Health Plan	58,422	120	127	21	22
Kern Family Health Care	10,946	18	13	16	11
Health Net	135,915	216	279	16	21
Alameda Alliance for Health	10,980	15	15	14	13
Contra Costa Health Plan	5,216	7	3	13	6
CalOptima	37,981	46	43	12	11
Health Plan of San Mateo	6,076	6	3	10	5
Community Health Group	24,688	24	19	10	7
San Francisco Health Plan	7,551	5	6	7	8
Molina Health Care	35,252	23	26	7	7
Central California Alliance for Health	22,229	14	9	6	5
Santa Clara Family Health Plan	17,650	11	23	6	13
CenCal Health	8,740	4	3	5	3
Care1st Health Plan	12,378	0	86	0	72
Totals	872,498	2,650	3,237	30	37

Dental and Vision Plans

Table 3 compares the grievances reported by dental and vision plans. The HFP subscribers enrolled in participating dental plans filed a total of 510 grievances in 2011, representing a grievance rate of six per 10,000 subscribers. The HFP subscribers enrolled in participating vision plans filed 376 grievances in 2011, representing a grievance rate of four per 10,000 subscribers. The data is presented in descending order for the 2011 grievance rate per 10,000 subscribers.

Table 3 – Grievances Reported by Dental and Vision Plans

Dental and Vision Plan	Average Monthly Enrollment in 2011	Grievances Reported in 2011	Grievances Reported in 2010	Grievance Rate per 10,000 Subscribers	
				2011	2010
Premier Access	25,967	40	29	15	10
Safeguard Dental	141,610	140	153	10	11
Access Dental	167,703	140	129	8	8
Western Dental	120,980	79	84	7	7
HealthNet Dental	147,022	63	72	4	6
Delta Dental	269,216	48	124	2	4
Totals	872,498	510	591	6	7
Safeguard Vision	123,677	140	8	11	1
Vision Service Plan (VSP)	650,395	236	161	4	2
Eye Med Vision Care	98,426	0	3	0	0
Totals	872,498	376	172	4	2

Demographic Analysis

Demographic analysis shows that Whites register grievances to their plans at a rate of 57 per 10,000 subscribers, nearly twice that of the average for all subscribers. (Table 4). English speaking subscribers file grievances at a higher rate than Non-English speakers.³ Both of these trends have shown consistency throughout the four years (2008 to 2011). MRMIB has also examined the individual plans data and found the same trend in demographic analyses.

Though ethnicity groups such as Hispanic/Latino and Other occupy a high percentage of the HFP subscriber population, they tend to report less grievances. As stated above, demographic comparison within plans have shown similar results. These findings encourage further analysis as to the reasoning for such low grievance reporting to determine if barriers exist.

Table 4 – Grievances Filed by HFP Subscribers by Demographic

Ethnicity	Enrollment	Grievances	Grievances per 10,000 subscribers
American Indian/Alaskan N	3,219	13	40
Asian Indian	7,095	22	31
Asian/Pacific Islander	91,604	207	23
Black/African American	21,694	73	34
Hispanic/Latino	518,914	1,265	24
Other	355,661	1,370	39
White	103,070	586	57
Spoken Language	Enrollment	Grievances	Grievances per 10,000 subscribers
Chinese Languages	30,727	62	20
English	578,082	2,400	42
Korean	11,792	10	8
Other Language *	20,107	68	34
Spanish	439,130	940	21
Vietnamese	21,419	56	26
* The term "Other Language" includes Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Italian, Japanese, Lao, Liacano, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai and Turkish.			

³ Chi square goodness of fit test showed significant differences (P<.01) among Ethnicity and Spoken Language groups.

Conclusion

Overall, plans continue to make progress in addressing the concerns of subscribers. As a result, the number of grievances per 10,000 subscribers has declined significantly over the last four years. Claims and Quality of Care are the major categories of grievances representing about 60 percent of the total grievances. Whites and English speaking subscribers report their grievances at a significantly higher rate than for other ethnicities and spoken languages. Since the inception of the program in 1998, MRMIB has required all plans participating in the HFP to meet the cultural and linguistic needs of their subscribers. As we proceed with the program, we need to evaluate program materials and plan notices and processes to ensure that they provide sufficient translation to ensure that barriers do not exist for Limited English Proficient (LEP) families to report their grievances.